

DEPARTMENT OF HEALTH SERVICES

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JUL 26 1994

To: All County Medical Services Program (CMSP)
County Welfare Directors

Subject: NEW CMSP AID CODE

This letter is to notify you of a new CMSP Aid Code, 8F, which will become effective on September 1, 1994. This Aid Code was developed to provide a Medi-Cal Eligibility Data System (MEDS) a solution for the CMSP/Medi-Cal "dual eligibility" problem.

BACKGROUND

"Dual eligibility" occurs when persons are eligible for certain benefits under Medi-Cal and other benefits under the CMSP. In other words, an eligible Medi-Cal beneficiary in certain restricted scope of benefits Medi-Cal Aid Codes (53-Medically Indigent Long Term Care, 52-IRCA Amnesty and 57-IRCA Amnesty SAWS) requires a service not covered in the restricted scope of benefits. This individual applies for and is found otherwise eligible for the CMSP, he/she is considered a "dual eligible", with eligibility for the full scope of CMSP benefits, in addition to the appropriate Medi-Cal benefits. Since the Aid Codes for both Medi-Cal and the CMSP would normally be placed in the "primary segment" on MEDS and the "primary segment" can accommodate only one Aid Code at a time, CMSP cards are routinely produced manually with the eligibility being reported on a card log. BIC implementation and claims payment problems have rendered this approach obsolete.

SOLUTION

A solution was developed which creates a new CMSP Aid Code (8F) to be used instead of the CMSP Aid Codes (84, 85, 88, 89) which are currently used in "dual eligibility" cases. The new Aid Code 8F is a "COMPANION" Aid Code which must be used in conjunction ONLY with one of the appropriate Medi-Cal Aid Codes (53, 52, 57). Aid Code 8F may be placed only in the "special programs segment" on the MEDS record and will entitle the eligible individual to the full scope of CMSP benefits.

In this solution, the "dual eligible" will have one MEDS record which contains both Medi-Cal and CMSP eligibility information for the same time. The individual must still apply for and be otherwise eligible for the CMSP before the County should exercise

this solution. If there is a Share of Cost (SOC) associated with the Medi-Cal case, the special program will always show the SOC associated with the Medi-Cal Aid Code. When the SOC is certified for the Medi-Cal case, the companion case will also be certified.

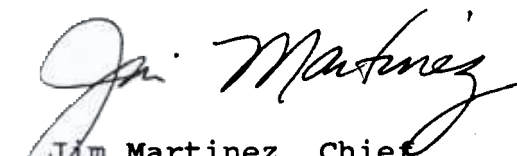
The "COMPANION" Aid Code cannot be entered if the primary Aid Code (53, 52, 57) is not established on MEDS. If the primary Aid Code and the "COMPANION" Aid Code are established on the same day with EW20 transactions, the primary Aid Code must be backdated one day. It is not possible to add the "COMPANION" CMSP eligibility with an EW15 transaction when the Medi-Cal eligibility has been posted that same day.

In some instances an active CMSP Aid Code will exist prior to the establishment of a "dual eligibility" Medi-Cal Aid Code. Since the Medi-Cal Aid Code takes precedence in the primary segment on MEDS, the County must establish "dual eligibility" and enter the companion Aid Code into the special program segment as detailed in the preceding paragraph.

If the County inputs the "COMPANION" Aid Code with an ESAC of '6', eligibility will terminate effective with the termination date input by the County. If an ESAC of '1' is used, eligibility will continue until terminated. The "COMPANION" Aid Code will terminate at MEDS renewal if the primary Aid Code has terminated. It should be noted that the "COMPANION" eligibility status may terminate without affecting the primary Medi-Cal eligibility. The "COMPANION" Aid Code will always have the same county code as the primary Aid Code.

If you have any questions regarding this issue or the contents of this letter, please contact Mr. Albert Cooper, of my staff, at (916) 322-1615 at your earliest convenience.

Sincerely,



Jim Martinez, Chief
County Medical Services Program